S. CREDITS A. TAX WITHHELD BY EMPLOYER(S) FOR THIS CITY B. TAX PAID CITY OR VILLAGE OF	FORM IR File With HAMILTON INCOME TAX DIV. 345 High Street, Suite 410 Hamilton, Ohio 45011 Phone #: 513/785-7400 Toll Free #: 1-800-854-1684	HAMILTON - 29 OXFORD - 1.7 BUTLER COU	75% NTY ANNEX - 2%	EATO NEW	ON - 1.5% V MIAMI - 1.75%	EXTENSION POLICY: AN GRANTED AUTOMATICALL EXTENSION HAS BEEN SEC ALL REQUIREMENTS OF HAVE BEEN MET, AND A CO BEEN FILED WITH OUR OF	Y, PROVIDED A FEDERAL URED, AN ESTIMATE PAID, THE LOCAL ORDINANCE PY OF THE EXTENSION HAS FICE BEFORE APRIL 30.
Cond Expiration Date	FAX #: 513/785-7401	DUE ON OR BE	FORE APRIL 3	, <b></b>			
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B. TOTAL AMOUNT DUE	A. \$	\$	\$		\$		
(CHECK SHOULD BE MADE PAYABLE TO THE CITY OF HAMILTON) (AMOUNTS OF LESS THAN ONE DOLLAR (\$1.00) SHALL NOT BE COLLECTED, REFUNDED OR CREDITED.)  7. OVERPAYMENT TO BE REFUNDED \$ OR CREDITED \$ TO NEXT YEAR ESTIMATE  DITICE: BY LAW, ALL REFUNDS AND CREDITS IN EXCESS OF \$10.00 ARE REPORTED TO IRS. I CERTIFY THAT I LAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY NOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN EXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE. I NOBERSTAND THAT IF THE TAXPAYER WILL OWE MORE THAN \$200.00 WHICH IS NOT WITHHELD, A DECLARATION OF STIMATED TAX MUST BE COMPLETED.  MAY THE TAX OFFICE DISCUSS THIS RETURN WITH THE PREPARER SHOWN BELOW? ( ) YES ( ) NO  SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT DATE	PENALTY & INTEREST						\$
(AMOUNTS OF LESS THAN ONE DOLLAR (\$1.00) SHALL NOT BE COLLECTED, REFUNDED OR CREDITED.)  7. OVERPAYMENT TO BE REFUNDED \$ OR CREDITED \$ TO NEXT YEAR ESTIMATE  DITICE: BY LAW, ALL REFUNDS AND CREDITS IN EXCESS OF \$10.00 ARE REPORTED TO IRS. I CERTIFY THAT I AVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS). AND TO THE BEST-OF MY NOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN LXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE. I NOVERSTAND THAT IF THE TAXPAYER WILL OWE MORE THAN \$200.00 WHICH IS NOT WITHHELD, A DECLARATION OF STIMATED TAX MUST BE COMPLETED.  MAY THE TAX OFFICE DISCUSS THIS RETURN WITH THE PREPARER SHOWN BELOW? ( ) YES ( ) NO  SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT DATE							
TO NEXT YEAR ESTIMATE  DTICE: BY LAW, ALL REFUNDS AND CREDITS IN EXCESS OF \$10.00 ARE REPORTED TO IRS. I CERTIFY THAT I AVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY NOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN EXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE. INDERSTAND THAT IF THE TAXPAYER WILL OWE MORE THAN \$200.00 WHICH IS NOT WITHHELD, A DECLARATION OF STIMATED TAX MUST BE COMPLETED.  MAY THE TAX OFFICE DISCUSS THIS RETURN WITH THE PREPARER SHOWN BELOW? ( ) YES ( ) NO  SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT DATE							
AVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY NOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN NAVPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE. I NDERSTAND THAT IF THE TAXPAYER WILL OWE MORE THAN \$200.00 WHICH IS NOT WITHHELD, A DECLARATION OF STIMATED TAX MUST BE COMPLETED.  MAY THE TAX OFFICE DISCUSS THIS RETURN WITH THE PREPARER SHOWN BELOW? ( ) YES ( ) NO  SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT DATE  SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE  OF THE PREPARED SHOWN BELOW? ( ) YES ( ) NO  DATE OF TAXPAYER OR AGENT DATE  OF TAXPAYER DATE  OF TA	TO NEXT YEAR ESTIMATE						
SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT DATE	HAVE EXAMINED THIS RETURN (INCLUDI KNOWLEDGE AND BELIEF IT IS TRUE, TAXPAYER, THE DECLARATION IS BASE	NG ACCOMPANYING SCHEDUL CORRECT AND COMPLETE. D ON ALL INFORMATION OF	ES AND STATEMENTS) AND IF PREPARED BY A PER WHICH PREPARER HAS AN	TO THE BEST OF M RSON OTHER THA NY KNOWLEDGE.	N I		
	MAY THE TAX OFFICE	DISCUSS THIS RET	TURN WITH THE P	REPARER S	SHOWN BELOW?	( ) YES (	) NO
DAYTIME PHONE # DAYTIME PHONE #	SIGNATURE OF PERSON PREPARING IF OTHER	THAN TAXPAYER	DATE	SIGNATURE OF TAX	PAYER OR AGENT		DATE
	DAYTIME PHONE #			DAYTIME PHONE	= #		

COMPLETE ITEMS 8-11 IF YOU HAVE OTHER TAXABLE INCOME.

9.	CCHEDITLE	NCOME FROM REN	TO ATTACLLE	EDEDAL FORME		١.٥	
	NO. MONTH		1	1		OTHER	
KIND & LOCATION OF PROPER			AMOUNT OF RENT	DEPRECIATION (Attach Schedules)	REPAIRS (Attach List)	EXPENSES (Attach List)	NETINCOME OR LOSS
			ı	NET INCOME (OR L	.OSS) SCHEDI	JLE E \$	·
10.OTHER TAXABLE INCOME ( 4797, 6252, ETC.)					4, SCHEDULE	F,	3
11. TOTALOTHER TAXABLE IN	COME (LINES 8 THR	U 10) INSERT ON L	INE 2, PAGE 1				S
A. TOTAL NET OPERATING	LOSSES (LINES 8 T	HRU 10) INSERT ON	N LINE 2A, PAGE	1			S
	SI	EE INSTRUCTIO	NS ON SEPA	RATE PAGE			
		FOR COMPLE	TION OF LINES 1 TI	IRU 11			
NOTE: UNLESS ACCOMPANIED	BY COPIES OF APPI	ROPRIATE FEDERAL	SCHEDULES AN	ID PAYMENTOF THI	E BALANCE OF	THE 2002 TAX	DECLARED DU
(LINE 6) THIS FORM IS NOT A LE	GALFINAL RETURN.						
HAS YOUR FEDERAL TAX LIABIL							
THE INTERNALREVENUE SERVI DID YOU RECEIVE A REFUND F			AMENDED RETU		R SUCH YEAR	UD AEVDG3	
	KUW ANYOTHER G	TY IN 2002? TY YES				_	
AMOUNT OF REFUND			NO. IF SO			_	
AMOUNT OF REFUND			NO. IF SO			_	
		JND WAS FOR	NO. IF SO	, GIVE NAME OF CI		_	
ļ ļ	YEAR REFU A REQUEST FOR EX AN EXTENSION IS T	UND WAS FOR CTENSION MUST B TO PROVIDE ADDIT	NO. IF SO	, GIVE NAME OF CI TO APRIL 30.		_	
ļ	YEAR REFU	UND WAS FOR CTENSION MUST B TO PROVIDE ADDIT	NO. IF SO	, GIVE NAME OF CI TO APRIL 30.		_	
<i>,</i> , ,	YEAR REFU A REQUEST FOR EX AN EXTENSION IS T	UND WAS FOR CTENSION MUST BI TO PROVIDE ADDIT IT EXTENDED.	S NO. IF SO	, GIVE NAME OF CI TO APRIL 30. ) FILE.		_	
,, ,, ,,	YEAR REFU A REQUEST FOR EX AN EXTENSION IS T PAYMENTS ARE NO	UND WAS FOR CTENSION MUST BI TO PROVIDE ADDIT TO EXTENDED.	S □ NO. IF SO 	, GIVE NAME OF CI TO APRIL 30. ) FILE.	TY	_	
, , , , F E	YEAR REFU A REQUEST FOR EX AN EXTENSION IS T PAYMENTS ARE NO	TIND WAS FOR  TENSION MUST BE O PROVIDE ADDIT OF EXTENDED.	S □ NO. IF SO E FILED PRIOR TIONAL TIME TO	, GIVE NAME OF CI TO APRIL 30. ) FILE.	TY	_	
, , , , , , , , , , , , , , , , , , , ,	YEAR REFU A REQUEST FOR EX AN EXTENSION IS T PAYMENTS ARE NO TELEPHONE #	TIND WAS FOR	S NO. IF SO	, GIVE NAME OF CI TO APRIL 30. ) FILE.	TY	_	